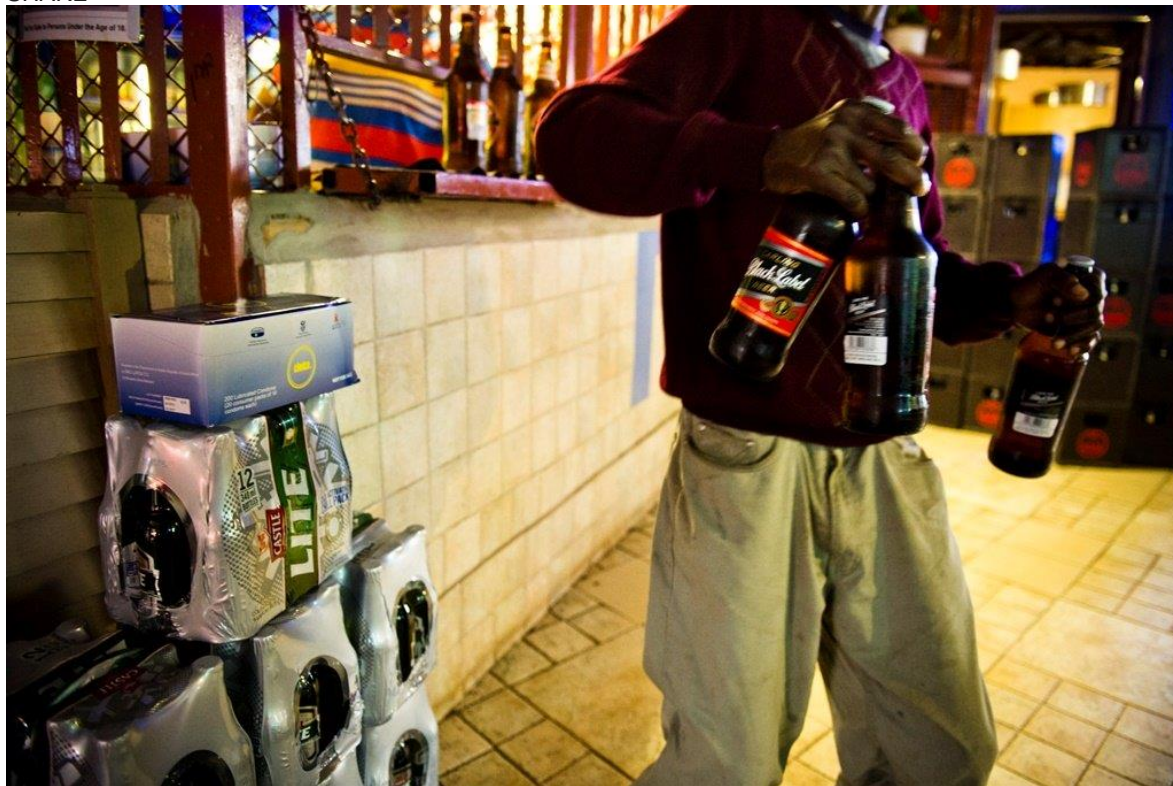


Covid-19: Alcohol ban will increase ICU capacity but is not a long-term solution, experts say

City Press

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NEWS

The reinstatement of the ban on the sale of alcohol may have come as a surprise to many, but evidence suggests that it will have a significant impact on trauma unit and hospital capacities in the coming weeks.

In his announcement of the ban on Sunday night, President Cyril Ramaphosa justified the decision saying: “It is vital that we do not burden our clinics and hospitals with alcohol-related injuries that could have been avoided.”

On Monday, Health Minister Zweli Mkhize set out the evidence supporting the ban. His presentation cited a 60% to 70% reduction in hospital visits and admissions related to trauma during the initial ban under levels 4 and 5 of South Africa’s Covid-19 coronavirus lockdown, followed by a surge after restrictions were eased at the beginning of June.

Models relied on by government project about 3 400 fewer alcohol-related trauma cases in public hospitals by the end of the first week of the reinstated ban and double that number by the end of the third week. Apart from the direct effect of hospital capacity increasing owing to a reduction in alcohol-related trauma, it is also thought that people adhere less to transmission prevention methods after imbibing.

‘Like war zones’

Professor Charles Parry, the director of the Alcohol, Tobacco and Other Drug Research Unit at the SA Medical Research Council, has done extensive work on how alcohol impacts health services in South Africa. His models and research consistently support the idea that alcohol greatly contributes to trauma cases, which affects hospital capacity. He contributed to the ministerial advisory committee on Covid-19, whose statistics were quoted by Mkhize.

Parry says that research over several years across the country showed that “45% to 55% of trauma is alcohol-related”.

It’s like war zones, particularly over weekends

Professor Charles Parry,

He explains that this and the tendency to binge drink is particular to South Africa in some ways. Based on 2018 World Health Organisation data, the adult per capita consumption of alcohol among drinkers is double the global average, even though only 31% of people in South Africa drink.

This results in trauma in the form of gunshot and stab wounds, blunt trauma (such as a fall) and gender-based violence.

“It’s like war zones, particularly over weekends. There’s huge levels of alcohol-related trauma,” says Parry.

The models developed by Parry and others during level 5 of the lockdown projected that a lifting of the alcohol ban would cause only about half of the alcohol-related trauma presentations because travel and gathering restrictions would continue to limit social gatherings.

Data from level 3 – including that from the Western Cape, Eastern Cape and Gauteng – showed that there was a significant spike in cases once the ban was lifted, although the numbers did not return to pre-lockdown highs.

“Our conclusion was that there were only about 80% of trauma cases coming to hospitals than there were before lockdown,” says Parry.

Based on these observations, the models project that the current ban on the sale of alcohol will result in about 50 000 fewer trauma presentations in the next eight weeks. Since trauma cases often need extensive treatment, fewer presentations translate to about an overall reduction of 46 000 days of patients in intensive care unit (ICU) beds.

“Overall, if we take those people out of the system for eight weeks, we could potentially treat just fewer than 13 000 Covid-19 patients in ICU beds or 17 700 in general wards, or some other kind of combination.”

This translates to about a 18% reduction in trauma cases in the public sector and a saving of about R1.3 billion.

These projections, which Parry also presented to MPs during Parliament’s portfolio committee on health this week, use an eight-week period purely for modelling purposes.

‘A preventable pandemic’

Over the past months, the effect of a ban on alcohol sales have been palpably felt by those working in trauma units, including Professor Sithombo Maqungo, the head of orthopaedic trauma at Groote Schuur Hospital in Cape Town and the clinical lead for trauma care and injury prevention at the global surgery unit at the University of Cape Town.

Maqungo confirms that they have seen the case numbers soar and dip in direct relation to the ban, and says he hears the same from colleagues around the country. During the initial ban, the trauma section was quiet, freeing up resources to the point that people on waiting lists, such as cancer patients, could be brought in for surgeries. Waiting times for emergencies were reduced and there was time to prepare for greater Covid-19 numbers.

Maqungo says that trauma, particularly the kind linked to alcohol use, “is a preventable pandemic”.

“For us, it was such a powerful way to illustrate the problems we have with alcohol,” he says.

The kinds of injuries Maqungo sees are most often linked to car accidents, including a significant number of pedestrians, and interpersonal violence. He points out that the estimates of alcohol-linked trauma often don’t include sober patients whose injuries are a consequence of someone else’s drunken behaviour.

He says the floodgates opened again once the ban was lifted, with the first Monday night being as busy as some of the worst weekends the trauma unit has dealt with before. He remembers noticing a clear sign of the change.

“[It was] the smell that we’d missed ... that smell of alcohol and blood combined,” he recalls.

“If you’ve worked in trauma, you know that smell.”

The Groote Schuur trauma unit saw an increase of about 135% in cases that first week, which levelled out after some time. With the reinstatement of the ban, Maqungo says the unit is back to being unusually quiet. Staff and beds can be dedicated to the pandemic.

Not a long-term solution

While the pressure that alcohol-induced trauma puts on healthcare resources is evident, Maqungo, Parry and other experts says the ban is not a long-term solution and agree that it can have other serious consequences.

Instead, both Maqungo and Parry see the ban as a possible tool to assist in the pandemic and an indicator of the greater problem in South Africa.

Parry says this is an opportunity to prepare for when the ban is lifted and look at alcohol regulation and education.

“How do we set the stage for a better relationship going forward?” His recommendations include relooking the hours of sale, legal drinking age and liquor licence laws.

Maungo calls for stricter law enforcement, especially after an injury has occurred.

Alcohol industry is ‘deeply disappointed’

SA Liquor Brand owners Association (Salba) chief executive Kurt Moore says they “believe that there is a way to limit the impact of alcohol-related trauma cases by imposing a more nuanced regulatory framework to accommodate the complexity of the situation we face”.

He says the industry is “deeply disappointed to not have been able to engage in a dialogue with government in this regard” and that Salba believes that population-level regulations like a ban are not effective.

Moore says they need greater access to health information from government to understand the situation and address the problems.

Government has not indicated how long the ban will last.

This article was produced by [Spotlight](#) – health journalism in the public interest